

## XII. IN-HOME AIDE SERVICES FOR OLDER AND DISABLED ADULTS

Current Providers: \_\_\_\_\_

Funding Sources: \_\_\_\_\_

Total Funding Last Fiscal Year: \_\_\_\_\_

Number of Consumers Served Last Fiscal Year: \_\_\_\_\_

Cost per Unit (for each funding source): \_\_\_\_\_

Attach the unit rates by level for each funding source.

<b>A. EXISTENCE</b>		
Are these services available to older and disabled adults in your community?		
1. Does your community have at least one provider of in-home aide services?	Yes	No
2. Does your community have at least one provider of in-home aide services that will assist persons at-risk of facility placement?	Yes	No
3. Does your community have at least one provider of in-home aide services that will assist persons with MH/DD/SAS problems?	Yes	No
4. Does your community have at least one provider of in-home aide services that will assist families in Adult Protective Services (APS)?	Yes	No
5. If your community does not have a provider of in-home aide services, is there a provider in a neighboring county or community that could serve those in need?	Yes	No
6. Does your community have a provider of CAP-DA/CAP-MR-DD/CAP-AIDS?	Yes	No
<b>OVERALL EXISTENCE RATING</b>	<b>1</b>	<b>2 3 4 5</b>

<b>B. ADEQUACY</b>					
Are these services in sufficient supply for those who need it?					
<p>1. Are there waiting lists for in-home aide services? If so, how many people are waiting?</p> <p>Why is there a waiting list (ex. lack of funding, no provider)?</p> <p>(How many people are on the waiting list? How many currently receive service? What is the ratio of the number waiting ÷ the number of people receiving services? How does the ratio compare to state rates and similar counties? If there is not a waiting list, is it because everyone who qualifies receives services, because it is not agency policy to keep a waiting list, etc.?)</p>	Yes	No			
<p>2. If there is a waiting list, how acceptable is the average waiting time?</p> <p>(What is the average waiting time? How many people did not need service anymore by the time they reached the top of the waiting list?)</p>	1	2	3	4	5
<p>3. How adequate is funding to provide a sufficient amount of in-home aide service to all older and disabled adults in your community who need it?</p> <p>(What funding sources pay for in-home aide services in your community? Are there longer waiting lists for certain payer sources? What is the per capita expenditure on in home aide services in your community? How does this compare to the state average and similar counties?)</p>	1	2	3	4	5
<p>4. To what extent does your community have a sufficient workforce to meet in-home aide service delivery needs?</p> <p>(How many vacant aide positions are there currently? How long does it take to fill a vacant position on the average? What is the average annual aide turnover rate? How has turnover affected services to older and disabled adults this year?)</p>	1	2	3	4	5
<p>5. To what extent do persons have choices as to providers in your community?</p> <p>(What choices do consumers have in the selection of providers according to policies, regulations and procedures? What factors limit these choices (e.g. diagnosis, income, geographic location)?)</p>	1	2	3	4	5
<b>OVERALL ADEQUACY RATING</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

## C. ACCESSIBILITY

How obtainable are these services for those most in need?

1. How successful are the outreach programs conducted for in-home aide services in your community?  (What types of public information, outreach, and other informational programs are offered to the general public, caregivers, and others? What % of consumers is self referred?)	1	2	3	4	5
2. To what degree are public communications and outreach activities consumer-friendly?  (What is the average reading level of materials? Are they available in large print and/or Braille? Are they available in languages other than English?)	1	2	3	4	5
3. To what degree do older and disabled adults and their caregivers know about in-home aide services in your community?  (What % of consumers are self or family referred? What % of these calls are appropriate for in-home aide services?)	1	2	3	4	5
4. To what extent do key referral sources (hospital discharge planners, physicians and nurses, home health care agencies, etc.) know about in-home aide services in your community?  (What % of consumers are from key referral sources? What % of their referrals are appropriate?)	1	2	3	4	5
5. To what extent are in-home aide services affordable to everyone who needs assistance?  (What funding sources are accepted by in-home aide providers in your community? What % of people are turned away or put on waiting lists for public-funded programs each year because of an inability to pay? What is the per capita expenditure (for all older and disabled adults) on in-home aide services in your community?)	1	2	3	4	5
6. To what extent is funding available to consumers who have been identified as economically needy?  (How many economically needy people receive this service? What is the number of economically needy people receiving this service ÷ total number of people receiving this service? How does the proportion compare to the state rate and similar counties? Do providers offer sliding-scale fees?)	1	2	3	4	5

OVERALL ACCESSIBILITY RATING	1	2	3	4	5
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## D. EFFICIENCY AND DUPLICATION OF SERVICES

How reasonable are the costs of services?

Are options for streamlining services available in the community?

1. If there are multiple levels of in-home aide service, to what extent do they serve different consumer populations with different needs?  (What are the characteristics of the consumers being served at each level?)	1	2	3	4	5
2. If there are multiple levels of in-home aide service, to what extent are the costs of services comparable across providers for the same level of service?  (What are the average costs for each level of service by provider? How does this range compare to state averages and to each other?)	1	2	3	4	5
3. How reasonable are the administrative costs of providing in-home aide services?  (What % of providers budgets is used for administrative expenses? How does this compare to state and comparable counties' figures?)	1	2	3	4	5
4. If there are multiple providers, to what extent do they work together to serve consumers and accomplish projects?  (What scheduled meetings occur among these providers? Do in-home aide providers have any cooperative agreements with each other? How often do providers collaborate on projects or cases? Do they share expenses and facilities for training aides?)	1	2	3	4	5
5. How adequate and timely are the providers' screening and referral procedures?  (What are the screening and referral policies, rules and procedures? How long on average, does it take from initial contact to screening? If consumers are not eligible or appropriate for one agency's services, are there provisions for referring him/her to another provider who better meets his needs? Do agencies have enough information about each other to refer appropriately? What % are referred to other agencies/services? What % of referred consumers receive services from the agency to which they were referred?)	1	2	3	4	5
6. To what extent do in-home aide providers use budget-extending practices, such as fundraisers, foundation grants, memorial gifts, or consumer contributions to serve more	1	2	3	4	5

consumers?  (What % of providers' revenues comes from these sources?)	
7. To what degree are people being placed appropriately in CAP/DA versus PCS program?  (What is the number of consumers served per 1,000 Medicaid aged and disabled consumers for both the CAP and PCS programs? How do these rates compare to the state average and similar counties?)	1 2 3 4 5
<b>OVERALL EFFICIENCY AND DUPLICATION RATING</b>	<b>1 2 3 4 5</b>

<b>E. Equity</b>					
How available are these services to all who need them without bias?					
1. To what extent are in-home aide services available to all geographic areas in your community?  (Where are providers located? Are there any areas of your community where providers can't serve?)	1	2	3	4	5
2. To what degree are in-home aide services available to all populations in your community without bias?  (What are the demographic characteristics of in-home aide consumers? How do consumer characteristics (%) compare to the characteristics of your community's general older and disabled adult population in terms of age, ethnicity, and gender?)	1	2	3	4	5
3. To what does payer source influence the amount or type of services a consumer receives?  (Are there differences in services provided to subsidized vs. fee paying consumers?)	1	2	3	4	5
4. If there is a waiting list, how sufficient is the system in place for prioritizing consumers in terms of need?  (What rules, policies, procedures are in place for prioritizing consumers?)	1	2	3	4	5
5. How sufficient are the in-home aide services providers' nondiscrimination policies?  (What are the providers' nondiscrimination policies? Do they differ from state and federal law? How are consumers and employees made aware of these policies? Have there been any allegations of discrimination in service delivery or hiring by any in-home aide providers?)	1	2	3	4	5
<b>OVERALL EQUITY RATING</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

<b>F. Quality/Effectiveness</b> How successful are these services in addressing consumers' needs?		
1. Are the in-home aide service providers in your community licensed?	Yes	No
2. Are the in-home aide service providers (agencies not workers) in your community accredited?	Yes	No
3. Are the in-home aide service providers (agencies not workers) in your community certified?	Yes	No
4. To what extent are continuing educational opportunities available to in-home aides in your community?  (What training is provided in or near your community? Who provides this training [In-house, community colleges, or private]? How many providers pay for continuing education for CNAs? How often are these workshops or courses offered?)	1   2   3   4   5	
5. How acceptable are the average wages for in-home aides in your community?  (What are the average hourly pay rates for staff employed by each provider? What are the highest and lowest pay rates for each provider? How does this compare to state averages and similar counties? Is there any way for a dedicated and skilled aide to move into a job with more responsibilities and higher pay?)	1   2   3   4   5	
6. To what extent do in-home aide service providers offer benefits (such as health insurance, mileage, educational stipends, etc.) to in-home aides?  (What standard benefits are offered to in-home aides? How does this compare to the state norm? What % of aides receive each type of benefit in your community?)	1   2   3   4   5	
7. To what extent does an advisory committee(s) guide the operations of in-home aide service in your community?  (Do in-home aide providers have an advisory committee? If so, who is on it? How often does it meet? What are the responsibilities of the committee? Are family caregivers represented? Are the aides represented?)	1   2   3   4   5	
8. Do any funding sources regularly monitor in-home aide services?	Yes	No
9. To what extent do in-home aide service providers survey consumers and their families to determine satisfaction and	1   2   3   4   5	



<p>areas for improvement?</p> <p>(Have consumers been surveyed in the past 5 years? If so, what process was used? What were the major findings?)</p>	
<p>10.To what extent do the providers act on consumers' feedback?</p> <p>(What policy and/or programmatic changes have occurred in the past 5 years as a direct result of consumer feedback?)</p>	1 2 3 4 5
<p>11.How sufficient is the complaint resolution process?</p> <p>(What is the complaint resolution process? How many complaints were documented last year? What was the nature of the complaints? What % were rectified?)</p>	1 2 3 4 5
<p>12.To what extent are complaints considered during planning, program development, or quality improvement efforts?</p> <p>(What policy and/or programmatic changes have occurred in the past 5 years as a direct result of consumer complaints?)</p>	1 2 3 4 5
<p>13.To what extent does the current system of care work so that persons get directed to the appropriate level of service (Level I, Level II, Level III, and Level IV)?</p> <p>(Who assigns consumers to the appropriate level of care? What is the criteria for selecting the level of care? What levels of certified aides are available in the county? Is there evidence that people are being assigned inappropriately? To what extent are re-assessments of consumers conducted? Does this practice conform to standards? What % of consumers were moved to a different level last year? Of these, what % were moved because of substantial changes in their physical or mental condition?)</p>	1 2 3 4 5
<p>14.To what extent are in-home aides in your community permitted or authorized to do the specific tasks consumers or family members want them to do?</p> <p>(Are consumers requesting tasks that are not permitted, by policy or law, to perform? Are there rules that “don’t make sense” to families (such as the aide being permitted to do the laundry of the frail, disabled wife who is the consumer, but not able to include the clothing of the husband who is also frail but is not a consumer in the same load, or not feeding pets? What are the reasons for these policies? How can they either be adjusted to family needs or families helped to understand and accept these limitations.)</p>	1 2 3 4 5

<p>15.To what degree do the days and times available for in-home aide service meet the needs of consumers and their caregivers in your community?</p> <p>(What are the hours and days of service? Are after-hour services ever available? Do they cost extra? What percentage of consumers/families receive services at the time they prefer? (For example, how many consumers are bathed and dressed either much earlier or much later in the day than they would prefer?)</p>	1 2 3 4 5
<p>16.To what degree do in-home aide programs train aides to respect and honor cultural differences related to care?</p> <p>(What are the training requirements for aides with respect to cultural sensitivity? What % of aides have gone through some kind of cultural sensitivity training? Have there been any complaints against aides in the past 5 years with respect to cultural differences? If so, what were the complaints? How were they handled? How are aides helped to deal with cultural insensitivity of their consumers, such as consumers who use derogatory terms for the aide's ethnic group? Are there language barriers between aides and consumers?)</p>	1 2 3 4 5
<p>17.To what extent are participants enrolled in a timely manner?</p> <p>(What is the average length of time from initial contact until services are rendered?)</p>	1 2 3 4 5
<p>18.To what extent do in-home aide service providers collaborate with other community organizations such as food banks and home improvement organizations to help consumers with additional needs?</p> <p>(What meetings and collaborations occur among In-Home agencies and others with respect to other supportive services? What % of in-home aide consumers are referred to other services/providers? What % actually receive other services? What are the most common additional services received by in-home aide consumers?)</p>	1 2 3 4 5
<p>19.To what extent do in-home aide service providers regularly communicate unmet needs to county commissioners, planning bodies, and other agencies?</p> <p>(Are in-home aide service providers represented in meetings of county commissioners, planning boards and other agencies? How?)</p>	1 2 3 4 5
<p>20. To what extent do the programs allow consumers to participate in decisions about the services that are being</p>	1 2 3 4 5

provided? (i.e., scheduling of tasks, scheduling of arrival, choice of provider, revision of care plan)?	
21.How viable are the back-up plans to meet various contingencies?  (What back-up plans do providers have for absent staff, delayed staff, transportation problems, weather or national disasters, personal emergencies, etc.?)	1 2 3 4 5
22.To what extent are staff competent to respond to situations that could endanger health and safety of consumers?  (What measures are taken to train staff to recognize and be competent to respond to situations such as abuse, malnutrition, severe emotional problems, mental changes, alcohol/drug abuse, self neglect, physical danger? How many consumers in the last 5 years have been found to be living in dangerous situations, which were first recognized by the in-home aide?)	1 2 3 4 5
23.To what extent do in-home providers offer consumer-directed care in their service? (What decisions can consumers make regarding who their aide is, hiring and firing decisions, hours worked, etc.? What input do consumers have into policies, regulations, and procedures?)	1 2 3 4 5
<b>OVERALL QUALITY/EFFECTIVENESS RATING</b>	<b>1 2 3 4 5</b>

<b>Recap of Overall In-Home Aide Services Ratings</b>					
Existence	1	2	3	4	5
Adequacy	1	2	3	4	5
Accessibility	1	2	3	4	5
Efficiency and Duplication	1	2	3	4	5
Equity	1	2	3	4	5
Quality/ Effectiveness	1	2	3	4	5

### **In-Home Aide Services' Major Strengths:**

**Identified Barriers and Areas for Improvement:**